

deprescribe PPIs on a pharmacist's advice (OR 1.05, CI 1.00–1.09; p 0.031).

Conclusion: Most patients with cancer prescribed PPIs are open to deprescribing non-cancer medicines, especially on a doctor's advice. However, willingness to deprescribe PPIs is approximately 10% lower. Key factors influencing willingness to deprescribe PPIs include older age, greater involvement in medication management, and fewer concerns about stopping. Engaging these patients in shared decision-making and educating them on the risks of prolonged PPI use and the benefits of PPI deprescribing may support safer, more effective deprescribing.

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Strengthening multidisciplinary approaches against antimicrobial resistance: A collaborative initiative reflecting on science, policy, regulatory and clinical practices

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Background: The increasing trends of antimicrobial resistance (AMR) are inferring warning signs that we cannot fail to heed. Optimizing research and practice in pharmaceutical care for infectious diseases may not be tackled by one sector or one country in isolation. The MMA Academy for Patient Centred Excellence and Innovation in Regulatory Sciences, under the auspices of the Malta Medicines Authority (MMA), endeavored to host a multidisciplinary event titled “The Silent Threat - Antimicrobial Resistance Uncovered”, bringing together clinical practitioners and researchers alongside regulators and policy makers, to discuss AMR as a mutual concern.

Purpose: Cross-country cooperation and multidisciplinary involvement are pivotal in addressing antimicrobial resistance, also considering the dwindling antibiotic development pipeline. The MMA Academy event intended to provide a platform for stakeholders to discuss how national action plans are complementing the EU One Health Approach in recognizing the interplay between human health, animal health and our ecosystem. The aim was to bridge potential gaps between scientific and practical work, policy frameworks, regulatory provisions, and clinical guidance by sharing constructive experiences, joint efforts and implementable approaches that may be relevant across healthcare systems.

Method: The collaborative initiative, funded by the *Internationalisation Partnership Awards Scheme Plus (IPAS+)* 2023 of the Malta Council for Science and Technology, was held in Malta on 30 May 2024. Keynote speakers from Norway, Ireland, Sweden and Malta were engaged and invitations for participant registration shared among local stakeholders from public and private entities. The interactive discussions covered AMR policies, antibiotic use, surveillance systems, as well as recommendations for stepping up actions to combat AMR for instance through incentives in the revision of the EU pharmaceutical legislation package. Feedback from participants was collected through a Likert scale evaluation tool.

Findings: Thirty-nine participants attended the event and all respondents to the evaluation exercise (n=22) expressed satisfaction with the content presented and willingness to attend further initiatives. Promisingly, 90% of respondents found the information relevant to their practice, anticipating performance improvement. Attendees commended the quality and depth of sessions, as well as opportunities for interdisciplinary collaboration on implementation prospects.

Conclusion: The MMA Academy, as educational institution within the national competent authority, shall continue strengthening this shared collective commitment, exchanging knowledge and best practices. Connecting science and practice, whilst fostering collaborations, enables us to prevent progress from being undone and drive us forward to continue safeguarding our patients.

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How reliable is one self-reported medication adherence item in stroke survivors? A secondary data analysis from the MAAESTRO study

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Background: Medication non-adherence has been recognized as a potentially preventable risk for stroke recurrence. Electronic monitoring (EM) is considered the gold standard to detect non-adherence. In clinical practice, easy-to-administer and cost-effective self-report questionnaires are often used. However, their reliability to detect non-adherence remains uncertain.

Purpose: To determine the reliability of a single self-reported item to assess non-adherence to direct oral anticoagulants (DOAC) in stroke survivors.

Method: We used data from the MAAESTRO study, where adherence to DOAC was assessed with EM and two self-reported items. EM data from the last four weeks of the observational phase of the MAAESTRO study were selected, and taking adherence [%] was calculated. Item 1 inquired how often patients forgot to take their DOAC with five response options (“never”, “once per month”, “once per two weeks”, “once per week”, “every day”). Item 2 inquired how many tablets patients had taken with a visual analog scale from 0% (no tablet taken) to 100% (all tablets taken). We performed group comparisons using the Kruskal Wallis test, and assessed the relationship between EM and self-reported taking adherence using Kendall's correlation coefficient (τ).

Findings: We analyzed data from 69 patients. The majority was male (55%), the median age was 78 [IQR 72–84] years, and 72% used a DOAC twice daily. Answers to both self-reported items were strongly and positively correlated ($\tau=0.77$, $z=6.89$, $p<0.05$). The median taking adherence was 92.9% [IQR 83.9–100] with EM data and 100% [IQR 98.0–100] with item 2. Patients who forgot their DOAC “once per month” showed the highest adherence (median EM 95.4% [IQR 88.4–98.2]). Patients who responded “never” (median EM 93.8% [IQR 84.2–100]) and “once per two weeks” (median EM 83.0% [IQR 75.4–86.8]) did not differ ($p=0.78$). We observed a weak positive correlation between EM and self-reported taking adherence ($\tau=0.12$, $z=1.14$, $p=0.22$).

Conclusion: Despite consistent answers to both self-reported items, high quality EM data and high quality evidence study, the association between EM and self-reported taking adherence was only weak, indicating a low reliability of self-reported items to detect non-adherence in stroke survivors. Limitations of our study include small sample size and ceiling adherence values with low scattering.

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Development and Validation of mediPORT: A Simple Pre-Operative Risk-prediction Tool for Drug-Related Problems

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Background: Drug-related problems (DRPs) in the pre-operative phase are a leading cause of adverse events and poor patient outcomes. Despite their